Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	11-08-13	Address:	300 Blk. S. Franklin St.
Incident #:	131SPC0011153		Greensburg, In
County:	Decatur		47240
Type of Laboratory Scizure (check one) Scizure Location (check all that apply)			
☐ Operation ☐ Chemical/☐ Dumpsite	Glassware/Equipment (only)	☐ Residence ☐ Outbuilding ☐ Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:
(check all that	: Location (bedroom, kitchen, open air, o apply) r Birch Reaction(s): open air	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
⊠ Hydrochloric Acid Gas Generator(s): open air(IICL gen)			
☐ Flammable Solvents: open air(one pot)			
Water Reactive Metal (Lithium): open air(one pot)			
Anhydrous Ammonia: open air(one pot)			
Corrosive Acid: open air(HCL gen)			
Corrosive Base: <u>bedroom</u>			
Other (iter	n and location):		
Vehicle Infor	mation:		·
Owner: VIN: Year:		Make: Model;	
∏ Yes ⊠ No	age 18 discovered (check appropriate) _ (number present) tot present but evidence they reside	unclean Estimated len occurring:	ions of home: clean disarray gth of time manufacturing had been formation:
This report h	as been faxed* or emailed to the fol	lowing agencies tha	t serve the location:
Health Depart	ent City, Township or County Greens ment County: <u>Decatur</u> Co f Child Services Hotline: <u>deshotlinere</u>	Fax: <u>email</u>	omail x; 317-234-7595 or 317-234-7596
	rmation regarding this methamphetan flicer: <u>Chris Howell</u> Phone	nine laboratory, conta e <u>812-689-5000</u>	act

*This form is to be faxed to the Five Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.